

FORM 3~11 Unit Inspection Report

company 1090, name, and address]

Property	Date Inspected	Apartment No.
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Items	Condition o,	Maintenance Required	Estimated Coah
ENTRANCE/HALLS			
Steps and Landings			
Handrails			
Doors			
Hardware/Locks			
Floors/Coverings			
Walls/Coverings			
Ceilings			
Windows/Coverings			
Lighting (2)			
Electrical outlets			
Closets (3J)			
Fire alarms/Equipment			
LIVING ROOM			
Floor/Covering			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting (2)			
Electrical outlets			
DINING ROOM			
Floor/Covering			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting (2)			
Electrical outlets			
KITCHEN			
Range			
Refrigerator			
Dishwasher			

(continued)

Hems	Condition n\	Malatenance Required	Estimated Costs
Disposal			
Sink/Faucets (4)			
Floor/Covering			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Lighting (2)			
Electrical outlets			
Cabinets			
Closets/Pantry (3)			
Exhaust fan			
Washer/Dryer connections			
Fire alarm/Equipment			
BEDROOM(S)			
Doors and locks			
Floor/Covering			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Closets (3)			
Lighting (2)			
Electrical outlets			
BATHROOM(S)			
Sink/Faucets (4)			
Shower/Tub (4)			
Curtain rack/Door			
Towel rack			
Toilet			
Doors/Locks			
Floor/Covering			
Walls/Coverings			
Ceiling			
Windows/Coverings			
Closets (3)			
Cabinets			
Exhaust fan			
Lighting (2)			
Electrical outlets			

